

PREPARED BY AND RETURN TO:
TAYLOR JONES & ALEXANDER LTD.
ATTORNEYS AT LAW, P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300

TATE MS.-DESOTO CO.

Dec 19 2 50 PM '03

SARAH AKIN
GRANTOR(S)

3K 461 PG 150
M.E. DAVIS CH. CLK.

WARRANTY

TO

DEED

RONALD E. NORMAN and wife,
PATRICIA L. NORMAN
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, SARAH AKIN do hereby sell, convey, and warrant unto RONALD E. NORMAN and wife, PATRICIA L. NORMAN as tenants by the entirety with the full rights of survivorship and not as tenants in common the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 24, Section "C", FOX RUN SUBDIVISION, located in Section 26, Township 1 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi as per plat recorded in Plat Book 38, Pages 46-47 in the Chancery Clerk's Office of DeSoto County, Mississippi.

PARCEL NO. 1067-2609.0-00024.00

The above property is the same property conveyed to James E. Akin and wife, Sarah Akin by Quitclaim Deed of record in Book 361, Page 514 in the Chancery Clerk's Office of DeSoto County, Mississippi.


James E. Akin passed away on or about the 24 day of June, 2000.

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for City of Southaven, DeSoto County, Mississippi.

Taxes for the year 2003 have been prorated as of this date based on the previous year and are to be paid by the Grantees.

Possession is to be given on delivery of this Warranty Deed.

WITNESS my signature(s), this the 17th day of December, 2003.

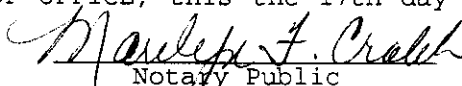

SARAH AKIN

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named SARAH AKIN who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 17th day of December, 2003.

My commission expires: MY COMMISSION EXPIRES 9-7-2007


Notary Public

PROPERTY ADDRESS: 10184 FOX RUN, OLIVE BRANCH, MS. 38654
Grantors Address:

Grantees Address:

10184 Fox Run

Olive Branch, Ms. 38654

Res# 901 691-9914

Bus# 901-761-7770

Res# 820-972-5442

Bus# N/A

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0461PG0151

TYPE OR PRINT
WITH BLACK INK

FILING
DATE

JUL 5 2000

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE
NUMBER

123

<p>DECEASED</p> <p>If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items.</p> <p>For RESIDENCE items, enter actual location of home rather than mailing address.</p>	1. NAME			2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
	James Akin			Male	9:05A	June 24, 2000
	4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		6. DATE OF BIRTH (Month, Day, Year)	
	White		55 Years		Nov. 17, 1944	
	7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR OOA	
Olive Branch		10184 Foxrun Dr.		Residence		8. STATE OF BIRTH
						Arkansas
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
Elem/High School		College		Married		No
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done, most of working life)		15b. KIND OF BUSINESS OR INDUSTRY
American		431-82-7198		Salesman		Delta Industrial Coating
16a. RESIDENCE-STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)
Mississippi		DeSoto		Olive Branch		Yes
17. FATHER-NAME		18. MOTHER-NAME		19. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		
E. B. Akin		Dorothy Louise Roeder		10184 Foxrun Dr., Olive Branch, MS 38654		
19a. INFORMANT-NAME (Type or print)		20a. BURIAL, CREMATION, REMOVAL (Specify)				
Sarah Akin		Burial				
20b. CEMETERY, CREMATORY-NAME		20c. LOCATION (City and State)		21a. EMBALMER-SIGNATURE AND NUMBER		
Crittenden Mem. Pk.		Marion, AR		Charles Smith 2176		
21b. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)				
Roller-Citizens Funeral Home		201 Pine, West Memphis, AR 72301				
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour, AT)		
Dinease Tate, R.N.		ON 6/24/2000		AT 10:00A		
23a. CERTIFIER-NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)				
Jeffery Pounders		492 Pounders Rd. Nesbit, Ms. 38651				
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
SIGNATURE				MD		
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)		
SIGNATURE		Desoto, MEI		6/29/2000		
25. PART I: DEATH CAUSED BY		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				
(a) IMMEDIATE CAUSE (Enter one cause only)						
Cancer Of Brain						
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)						
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)						
27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)				
No		No				
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office, building, etc.)		29g. LOCATION		Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Hunter
Nita Cox Hunter
STATE REGISTRAR

JUL -6 2000

WARNING:

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